6577 **MARYLAND STATE DEPARTMENT OF HEALTH** 06565

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

M

1

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Howard County. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkridge - X
LENGTH OF STAY (in this place) 10 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Elkridge. COUNTY Howard Co.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkridge - X
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Francis (Middle) Magdelen (Last) Carey
4. DATE OF DEATH: (Month) July (Day) 4 (Year) 1954
5. SEX F
6. COLOR OR RACE W
7. ~~SINGLE, MARRIED,~~ WIDOWED, ~~DIVORCED,~~ (Specify)
8. DATE OF BIRTH Jan 10, 1879
9. AGE last birthday 75 yrs. If under 1 year: Months | Days. If under 24 hrs.: Hours | Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY at home
11. BIRTHPLACE (State or foreign country) ~~Death~~ Howard Co. Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME George Adam Jepp
14. MOTHER'S MAIDEN NAME Emma Rosena Albright
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no
16. SOCIAL SECURITY NO. —
17. INFORMANT AND ADDRESS Mrs. Wm. Austermann Elkridge Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cardio-Vascular Renal — 10 years

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) — (c) —

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from....., 19 50, to July 4, 19 54, that I last saw the deceased alive on June 30, 19 54, and that death occurred at 3 a. m., from the causes and on the date stated above.

SIGNATURE: James S. Billingsley (Degree or title) M.D. ADDRESS 108 Central Av. Ellicott City Md. DATE SIGNED July 4, 1954

23. BURIAL, ~~CREMATION~~, ~~REMOVAL~~ (Specify) | DATE THEREOF 7/7/54 | NAME OF CEMETERY OR CREMATORY Mt. Olivet | LOCATION (City, town, or county) Randallstown (State) Md.

DATE REC'D BY LOCAL REG. 7-6-54 | REGISTRAR'S SIGNATURE Wm Tedrick | 24. FUNERAL DIRECTOR Wm J. Tickner & Sons. ADDRESS Balto. 17, Md.

Over

MARYLAND STATE DEPARTMENT OF HEALTH

06566

6578

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 194

1. PLACE OF DEATH
COUNTY Howard, MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fulton
LENGTH OF STAY In this place 4 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS Simon Rest Home 60

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 304 E. Lafayette Ave.

3. NAME OF DECEASED (Type or Print) (First) Ernest (Middle) Howard (Last) Doster

4. DATE OF DEATH (Month) (Day) (Year) July 4, 1954

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single

8. DATE OF BIRTH Oct. 9, 1887

9. AGE last birthday 66 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer

10b. KIND OF BUSINESS OR INDUSTRY Gen. Construction

11. BIRTHPLACE (State or foreign country) USA

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Joseph Doster

14. MOTHER'S MAIDEN NAME Lillian Fitch

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS Mrs. Ella M. Albaugh 304 E. Lafayette Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause (a)	ACUTE CARDIAC FAILURE	2 HOURS
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	ARTERIOSCLEROTIC HEART DISEASE	2 MONTHS
(c)		

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. APOPLECTIC STROKE WITH RIGHT HEMIPLEGIA + APHONIA — 12 MONTHS

19a. DATE OF OPERATION 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from APRIL 2, 1954, to JULY 4, 1954, that I last saw the deceased alive on JULY 4, 1954, and that death occurred at 10:45 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Charles S. Whitaker, M.D. CLARKSVILLE, MD 7/6/54

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	July 8, 1954	Woodlawn Ceme.	Woodlawn, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
7-6-54	Maria A. Whitaker	C. Vernon Emmons	4611 Pk. Hgts. Ave. Baltimore, Md.

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUL 8 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06567

6579 **CERTIFICATE OF DEATH** Reg. Dist. No. 191

1. PLACE OF DEATH: COUNTY Howard MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Ellicott City
LENGTH OF STAY (in this place) 10 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS old Montgomery Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Howard
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Ellicott City, Rural
STREET ADDRESS (If rural give location) old Montgomery Rd.

3. NAME OF DECEASED: (First) Mary (Middle) (Last) Elliott
4. DATE OF DEATH: (Month) July (Day) 18, (Year) 1954

5. SEX: Female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed
8. DATE OF BIRTH: July 14-1862
9. AGE last birthday: 92 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Lady
10B. KIND OF BUSINESS OR INDUSTRY: Domestic
11. BIRTHPLACE (State or foreign country): Dorchester Co Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Elhanan Jones
14. MOTHER'S MAIDEN NAME: Mary Andrew

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT & ADDRESS: Mrs Charles H Elliott Ellicott City RFD #1 Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (A) Chr Myocarditis — 2 yrs
ANTECEDENT CAUSE (S) DUE TO (B) Decompensation — 2 mos
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) Generalized arterio-sclerosis — 8 Yrs

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Infirmities of Age — 10 Yrs

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug, 19 52 to July 18 1954 that I last saw the deceased alive on July 17, 1954 and that death occurred at 5 a M, from the causes and on the date stated above.
SIGNATURE AND M.D. A. B. Brumbaugh — ADDRESS 160 Main St Ellicott City — DATE SIGNED 7/18/54

23. BURIAL, CREMATION, REMOVAL, (SPECIFY) Burial — DATE THEREOF July 21, 1954 — NAME OF CEMETERY OR CREMATORY Parkwood Cemetery — LOCATION (City, town, or county) (State) Baltimore, Md.

DATE REC'D BY LOCAL REGISTRAR July 20, 1954 — REGISTRAR'S SIGNATURE John B. Loughran, Pur. — 24. FUNERAL DIRECTOR Easton Sons — ADDRESS Ellicott City, Md.

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
JUL 23 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06568

6580

CERTIFICATE OF DEATH

Reg. Dist. No. 191

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Howard — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural — LENGTH OF STAY (In this place) 2 wks
HOSPITAL OR INSTITUTION OR STREET ADDRESS Schaffers Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
STREET ADDRESS (If rural give location) 117 Smithwood Ave

3. NAME OF DECEASED (Type or Print): (First) Laura (Middle) Thomas (Last) Eney
4. DATE OF DEATH: (Month) 7 (Day) 31 (Year) 1954
5. SEX: Female
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: 3-17-1875
9. AGE last birthday: 79 yrs. — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Teacher
10b. KIND OF BUSINESS OR INDUSTRY: School
11. BIRTHPLACE (State or foreign country): Baltimore
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: Oscar Thomas
14. MOTHER'S MAIDEN NAME: Rebecca Holtzman
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If year, give war or dates of service)
16. SOCIAL SECURITY No.: None
17. INFORMANT: Mrs Isabel Craig, 117 Smith wood Ave Catonsville

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Adenocarcinoma of Rectum with cerebral

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) metastases — 2 yrs.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office hldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 1, 1954, to July 31, 1954, that I last saw the deceased alive on July, 1954, and that death occurred at 11 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

Jos. C. Kortman, M.D. — Ellicott City Md — 8/4/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: 8-3-54 — NAME OF CEMETERY OR CREMATORY: Mt Olivet — LOCATION (City, town, or county) (State): Baltimore Md.

DATE REC'D BY LOCAL REG. 8-3-54 — REGISTRAR'S SIGNATURE: John B. Langhan. Pro. B. E. L. — 24. FUNERAL DIRECTOR: F. C. Higinbotham — ADDRESS: Ellicott City Md

VS. A15

RECEIVED
AUG 10 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

6581 **CERTIFICATE OF DEATH** Reg. Dist. No. 06569 170

1. PLACE OF DEATH: COUNTY Howard MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Elkridge
LENGTH OF STAY (in this place) 60 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2019 Furnace ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Howard
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Elkridge
STREET ADDRESS (If rural give location) 2019 Furnace Ave

3. NAME OF DECEASED: (First) James (Middle) Felix (Last) Emmons
4. DATE OF DEATH: (Month) July (Day) 15 (Year) 1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	Oct 29 1885	68 yrs.				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk, Retired, B&O R.R.
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Avalon, Baltimore Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Frederick Emmons
14. MOTHER'S MAIDEN NAME: Martha Young.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) no
16. SOCIAL SECURITY NO. 205-07-9912
17. INFORMANT & ADDRESS: Mrs Helen Emmons 2019 Furnace ave Elkridge 27 Md

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
592X IMMEDIATE CAUSE	(A) Acute Coronary occlusion	3 hrs
ANTECEDENT CAUSE (S)	DUE TO	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	(B) Chr Myocarditis DUE TO	1 yr
	(C) Chr Nephritis	10 yrs
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	General Arteriosclerosis	10 yrs

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 24 1953 to July 15 1954 that I last saw the deceased alive on July 15, 1954, and that death occurred at 8:30 P. M, from the causes and on the date stated above.
SIGNATURE C. D. Brumbaugh M. D. ADDRESS 3609 Main St Elkridge 27 Md DATE SIGNED 7/15/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	7/19/54	Loudon Park Cem.	Balto., Md.

DATE REC'D BY LOCAL REGISTRAR July 17 1954
REGISTRAR'S SIGNATURE R. W.
24. FUNERAL DIRECTOR ADDRESS Wm. J. Tichenor & Sons - Balto 17 Md

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

6582

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06570

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: HOWARD — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: ELKRIDGE
LENGTH OF STAY (in this place): 2 YRS
HOSPITAL OR INSTITUTION OR STREET ADDRESS: MONTGOMERY Rd

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: MARYLAND — COUNTY: Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: [illegible]
STREET ADDRESS (If rural, give location): Montgomery Rd.

3. NAME OF DECEASED (Type or Print): (First) KATHERINE (Middle) LAVINIA (Last) FREBURGER

4. DATE OF DEATH: (Month) JULY (Day) 4 (Year) 1954

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED

8. DATE OF BIRTH: AUGUST 10 1876

9. AGE last birthday: 77 yrs. (If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.)

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSE WIFE

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: WILLIAM B. BAHLKE

14. MOTHER'S MAIDEN NAME: ANNIE LEONHARDT

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): NO

16. SOCIAL SECURITY NO.: —

17. INFORMANT AND ADDRESS: GUILFORD L. BAKER (SON) ELKRIDGE MONTGOMERY RD

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) MYOCARDIAL INFARCTION	2 MONTHS
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) ARTERIO-SCLEROTIC HEART DISEASE	
	(c) CONGESTIVE HEART FAILURE	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4 July, 1954, to 4 July, 1954, that I last saw the deceased alive on 4 JULY, 1954, and that death occurred at 11:07 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

George E. Groleau MD — Elkridge md — 5 JULY 54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: 7/8/54 — NAME OF CEMETERY OR CREMATORY: Druid Ridge Cem. — LOCATION (City, town, or county) (State): Pikesville, Md.

DATE REC'D BY LOCAL REG.: 7-6-54 — REGISTRAR'S SIGNATURE: [illegible] — 24. FUNERAL DIRECTOR — ADDRESS

Wm. J. Pickney & Sons — Balto 17, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06571

C583 CERTIFICATE OF DEATH Reg. Dist. No. 1

Item 12 & 14 f ilm G168A 7/30/54 cm

1. PLACE OF DEATH:
COUNTY Howard MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ellicott City
LENGTH OF STAY (in this place) 22 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Taylor Manor Hospital

2 USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural give location) 2249 West North Ave.

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) (Last) Grossman
4. DATE OF DEATH: (Month) July (Day) 13 (Year) 19 54

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widow	Unknown	73 about yrs.				

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Lithaunia
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Moses Weissmayer
14. MOTHER'S MAIDEN NAME: Rachael unknown

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Samuel Grossman - Son

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
Immediate cause	(a) Cardiac Failure	5 min.
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) arteriosclerotic cardiovascular disease	8 years
	DUE TO (c)	

II OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cerebral arteriosclerosis — 2 years

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 27, 19 54, to July 13, 19 54, that I last saw the deceased alive on July 13, 19 54 and that death occurred at 9 A. M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Jno J Taylor MD Taylor Manor Hospital Ellicott City, Md. 7/13/54

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State)
Burial 7-20-54 Rosedale Dalto Md

DATE RECD BY LOCAL REGISTRAR REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS
7-21-54 Dr. Hedrick Jack Lewis Inc 2100 Eutaw Pl

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06572 90

CERTIFICATE OF DEATH

Reg. Dist. No.....

C584

1. PLACE OF DEATH:
COUNTY Howard — MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town): Ellicott City
LENGTH OF STAY (in this place): 1 Mo. 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Highland Manor Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland ~~COUNTY~~ Baltimore City
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore City
STREET ADDRESS (If rural, give location): 705 E. Biddle Street

3. NAME OF DECEASED: (Type or Print) (First) Paul (Middle) (Last) Keenan

4. DATE OF DEATH: (Month) July (Day) -25- (Year) 19 54

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: May-28-1885

9. AGE last birthday: 69 yrs. IF UNDER 1 YEAR Months / Days; IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Contractor

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Paul Keenan

14. MOTHER'S MAIDEN NAME: Annie McGovern

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Miss Sarah Jane Keenan (sister) 705 E. Biddle St.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 12 hrs

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b)

DUE TO

(c) Arteriosclerosis, generalized, severe — Unknown

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-24, 1954, to 7-25, 1954, that I last saw the deceased alive on 7-24, 1954, and that death occurred at 11:00 A m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS — DATE SIGNED

Stephen Lee Meyers MD Catonsville 28 Md 7-25-54

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: July 28/54

NAME OF CEMETERY OR CREMATORY: St. John's Cemetery

LOCATION (City, town, or county) (State): Hyde, Md. (Long Green)

DATE REC'D BY LOCAL REG. 7-26-54

REGISTRAR'S SIGNATURE: C A Anderson

24. FUNERAL DIRECTOR ADDRESS: Stewart & Mowen Co., 108 W. North Ave

Site #1.

VS. A15 8-51

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Item 14 Film G168A 8/13/54 et

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

6585 CERTIFICATE OF DEATH

Reg. Dist. No. 06574/1

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Howard MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ellicott City
LENGTH OF STAY (in this place) 1 yr-2 mos
HOSPITAL OR INSTITUTION OR STREET ADDRESS Taylor Manor Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore, Md.
STREET ADDRESS (If rural give location) & Wilson St. Marlborough Apts. Eutaw Place

3. NAME OF DECEASED: (Type or Print) (First) Maurice (Middle) (Last) Meyer

4. DATE OF DEATH: (Month) July (Day) 30 (Year) 1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Widower	Oct 18, 1860	93 yrs.				

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): clothing mfr.

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Jonesville, Mich.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Jacob Meyer

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Chas. Cachell, 2026 Rogers Ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Senility — Interval Between Onset And Death: 3 yrs

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: **19b. MAJOR FINDINGS OF OPERATION** **20. AUTOPSY?** Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 4, 1953 to July 30, 1954, that I last saw the deceased alive on July 30, 1954 and that death occurred at 11:45 A.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Sigmund Taylor M.D. Taylor Manor Hospital, Ellicott City, Md.

23. BURIAL, CREMATION, REMOVAL (Specify) burial — DATE THEREOF 8-1-54 — NAME OF CEMETERY OR CREMATORY Oheb Shalom Cemetery — LOCATION (City, town, or County) Baltimore, Maryland (State)

DATE RECD BY LOCAL REGISTRAR AUG 1 1954 — REGISTRAR'S SIGNATURE John R. Laughenour

24. FUNERAL DIRECTOR David R. Martin, 1902 Eutaw Place — ADDRESS

VS. A15

AUG 4 1...
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06575

6586 # CERTIFICATE OF DEATH Reg. Dist. No. 194

1. PLACE OF DEATH:
COUNTY Howard MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Ellicott City
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Highland Manor Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural give location) 2025 East Biddle Street

3. NAME OF DECEASED: (Type or Print) (First) Dora (Middle) Mira (Last) Richardson

4. DATE OF DEATH: (Month) (Day) (Year) July 30th 1954

5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed
8. DATE OF BIRTH: Nov. 9, 1882
9. AGE last birthday: 71 yrs
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laundress
10B. KIND OF BUSINESS OR INDUSTRY: Johns Hopkins Hosp.
11. BIRTHPLACE (State or foreign country): Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: ?
14. MOTHER'S MAIDEN NAME: ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Mrs. Helen M. Rommel 1912 Clearwood Ave.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Arteriosclerotic CV disease — INTERVAL BETWEEN ONSET AND DEATH: 3 yrs

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 1, 1954 to July 30, 1954, that I last saw the deceased alive on July 30, 1954, and that death occurred at 5A M, from the causes and on the date stated above.
SIGNATURE Leo A. Kortemeier M.D. M. O. ADDRESS 1037 N. Calvert St - DATE SIGNED 7/31/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF: Aug. 2, 1954
NAME OF CEMETERY OR CREMATORY: Moreland Memorial Park
LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR: July 31. 1954
REGISTRAR'S SIGNATURE: R.W.
24. FUNERAL DIRECTOR: Leonard J. Ruck
ADDRESS: 5305 Harford Rd

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Dr Leon Kochman
1037 N. Calvert St.
9-11. SAT.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06576

6587 # CERTIFICATE OF DEATH

Reg. Dist. No. 195

1. PLACE OF DEATH:
COUNTY Howard MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Savage X
LENGTH OF STAY (in this place) 75 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Savage
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Viola (Middle) Celeste (Last) Specht
4. DATE OF DEATH: (Month) July (Day) 7 (Year) 1954
5. SEX: F
6. COLOR OR RACE: W
7. ~~SINGLE, MARRIED, WIDOWED, DIVORCED~~, (Specify): Widowed
8. DATE OF BIRTH: April 8, 1873
9. AGE last birthday: 81 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own home
11. BIRTHPLACE (State or foreign country): Frederick Co., Md
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Leonard Washey
14. MOTHER'S MAIDEN NAME: Lucinda Bleasing
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Mrs Lillian Aliner, Savage Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

Immediate cause (a) Coronary Occlusion — 1 hrs

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 7, 1954, to July 7, 1954, that I last saw the deceased alive on 7/7/54 19..., and that death occurred at 4:45 P.M. from the causes and on the date stated above.
SIGNATURE Frank Shipley (Degree or title) M.D. ADDRESS Savage, Md DATE SIGNED 7/8/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 7/10/54
NAME OF CEMETERY OR CREMATORY Savage Cemetery
LOCATION (City, town, or county) Savage, Md (State)
DATE REC'D BY LOCAL REGISTRAR 7/8/54
REGISTRAR'S SIGNATURE Frank Shipley
24. FUNERAL DIRECTOR DeWitt Donaldson, Laurel, Md ADDRESS

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physician: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
JUL 12 1954
BUREAU V. S.

06577

MARYLAND 6588

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 192

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Howard County — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Marriottesville — LENGTH OF STAY (in this place) 58 yrs — HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Howard — COUNTY — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Marriottesville — STREET ADDRESS (If rural, give location) —

3. NAME OF DECEASED (Type or Print): (First) JOHN (Middle) Robert (Last) STREAKER Jr.

4. DATE OF DEATH: (Month) 7 (Day) 4 (Year) 1954

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Oct 19, 1905

9. AGE last birthday: 48 yrs. If under 1 year: Months 8 Days — If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): CARPENTER

10b. KIND OF BUSINESS OR INDUSTRY: Carpenter

11. BIRTHPLACE (State or foreign country): Howard County

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Robert Streaker Sr.

14. MOTHER'S MAIDEN NAME: Lillian Moxley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): No — —

16. SOCIAL SECURITY NO.: 219-18-5485

17. INFORMANT AND ADDRESS: Elsie Streaker-Wife-Marriottesville Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

1637

Immediate cause (a) Cardiac Arrest — Interval Between Onset and Death: 12-June-54

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Carcinoma of Lung & generalize — 4 July 54

(c) Metastasis.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: NONE 0 — 19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): NONE — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: NON — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): 0 m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ 0 — HOW DID INJURY OCCUR? 0

22. I hereby certify that I attended the deceased from 12 June, 19 54, to 4 July, 19 54, that I last saw the deceased alive on 4 July, 19 54, and that death occurred at 10:00 A m., from the causes and on the date stated above.

SIGNATURE Howard E Hall — (Degree or title) M.D. — ADDRESS Sykesville, Md. — DATE SIGNED 4 July 54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE 7-7-54 — NAME OF CEMETERY OR CREMATORY Mt View — LOCATION (City, town, or county) (State) Howard, Co., Md.

DATE REC'D BY LOCAL REG. July 5, 1954 — REGISTRAR'S SIGNATURE Alice V. Hetle

24. FUNERAL DIRECTOR — ADDRESS: Wm. Haight - Sykesville, Md.

Luther H. Haight

RECEIVED
JUL 9 1954
BUREAU V. S.